

ANNUAL REVENUE AND COST EXPENDITURE REPORT

SCHOOL YEAR 2014-2015

DUE BACK: **February 1, 2016****DO NOT FAX. SEND A SIGNED ORIGINAL ONLY***Sample Form*

School Food Authority:

Agreement Number:

Prepared by (Name, Title, & Phone No.):

Date Prepared:

Phone No:

Email Address:

1. REVENUE ~ Total All Programs (NSLP, SBP, SMP, After School Snack, Seamless Summer Program & a La Carte)

A. Cash From Daily Sales _____

B. Other Local Revenue _____

C. BOE Subsidies to Food Service Dept. _____

D. Total Revenue _____

2. COSTS ~ Total All Programs (Include costs of BOE subsidies to reflect the cost of operating your programs)

A. Purchased Food Used _____

B. Direct Labor _____

C. Supplies Used & Purchased Services _____

D. Equipment Depreciation _____

E. Reported Indirect Costs _____

(Only applicable if issued an Indirect by the SDE for the 2012-2013 school year.)

F. BOE Subsidies to the FS Dept. _____

G. Total Costs _____

3. COMPUTED OPERATING POSITION

A. Ending Cash Balance _____

B. Accounts Receivable _____

C. Value of Inventories on Hand _____

D. Total of 3A + 3B + 3C _____

E. Minus Accounts Payable _____

F. Computed Operating Position (3D – 3E) _____

(2G -Total Cost) \$ _____ / (No. of Operating Months) _____ = \$ _____**(Monthly Average Cost) X 3 Months = \$ _____** *(Compare this amount to 3F to determine if the requirement to limit net cash resources to a level at or below three months' average expenditures is met.)*☐ *Participated in Seamless Summer Food Program*

I certify that the information supplied above is correct to the best of my knowledge, that records are available to support this report. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject the applicant to prosecution under applicable state and federal statutes.

Signature of **Authorized** Representative (*Not the Food Service Director*) Title

Date